



MEMPHIS AMBASSADORS PROGRAM

BACKGROUND INVESTIGATION FORM

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION APPLICANT BACKGROUND INVESTIGATION HUMAN RESOURCES DIVISION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Memphis Government, including the Human Resources and Police Services Divisions.

The intent in this authorization is to give my consent for full and complete disclosure of the records of educations institutions; employment and pre-employment records; criminal and/or driving records; complaints or grievances filed by or against me and the records and recollections of attorneys at law or other counsel, whether representing me or another person in any case, whether criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the City of Memphis Government. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature of Participant

Date

Signature of Parent, Guardian, or Legal Custodian
(If participant is under age 18)

Date

Print the following:

_____ Last Name	_____ First Name	_____ Middle Name	_____ Maiden		
_____ Address	_____ City	_____ State	_____ Zip		
_____ Area Code Telephone Number	_____ Date of Birth	_____ Social Security Number			
_____ Race	_____ Sex	_____ Driver's License Number	_____ State	_____ Class	_____ Expiration Date